

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 1-15, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

DRAFT

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Non-Construction

2a. DATE SUBMITTED TO CORPORATION
FOR NATIONAL AND COMMUNITY
SERVICE (CNCS):

10/18/04

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:

05SF046751

4. DATE RECEIVED:

10/18/04

GRANT NUMBER:

5. APPLICATION INFORMATION

LEGAL NAME: County of Sacramento Department of Human Assistance

ADDRESS (give street address, city, state and zip code):

2433 Marconi Avenue

Sacramento CA 95821-4807

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
area codes):

NAME: Karla Crawford

TELEPHONE NUMBER: 916 875-4464

FAX NUMBER: 916 875-3799

INTERNET E-MAIL ADDRESS: crawfordk@saccounty.net

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

946000529

8. TYPE OF APPLICATION:

☒ NEW☐ CONTINUATION☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

7. TYPE OF APPLICANT:

7a. Local Government - County

7b. Local Government, Municipal

Local Education Agency

Area Agency on Aging

Health Department

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011

10b. TITLE: Foster Grandparent Program

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

Sacramento City and County, Placer County and Yolo County

13. PROPOSED PROJECT: START DATE: 01/01/05 END DATE: 12/31/07

15. ESTIMATED FUNDING:

a. FEDERAL

\$ 418,406.00

b. APPLICANT

\$ 75,106.00

c. STATE

\$ 0.00

d. LOCAL

\$ 28,204.00

e. OTHER

\$ 46,902.00

f. PROGRAM INCOME

\$ 0.00

g. TOTAL

\$ 493,512.00

14. PERFORMANCE PERIOD: START DATE: 01/01/05 END DATE: 12/31/07

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?☐ YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
REVIEW ON:
DATE:

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation. ☒ NO18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Katharine De Young

b. TITLE:

Program Manager

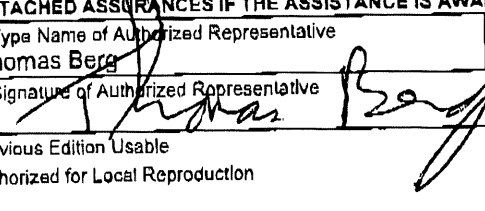
c. TELEPHONE NUMBER:

916.875.3582

d. DATE:

10/18/04

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED November 16, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: County of Ventura		Organizational Unit: Resource Management Agency	
Address (give city, county, State, and zip code): 800 S. Victoria Ave. Ventura, Ventura County, CA 93009-1740		Name and telephone number of person to be contacted on matters involving this application (give area code) Lorraine Rubin 805/654-2466	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; float: right;">B</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U.S. Fish & Wildlife Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-FFB TITLE: _____		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Removing Zoning Barriers to Acquisition of River Properties and Educating Landowners	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ventura County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 1/3/05	Ending Date 1/3/07	a. Applicant 23rd	b. Project 23rd & 24th
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 97,364 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 11/16/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 14,000 ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ 1,000 ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 112,364 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Thomas Berg		b. Title Director, Resource Mgmt. Agency	
d. Signature of Authorized Representative 		c. Telephone Number (805) 654-2661	
		e. Date Signed 11-17-04	

Application for
Federal Assistance

U.S. Department of Housing
and Urban Development

MB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission



Application



Preapplication

2. Date Submitted
10/12/2004

4. HUD Application Number
129-43030

3. Date and Time Received by HUD

5. Existing Grant Number

6. Applicant Identification Number

7. Applicant's Legal Name
Mission Palms LP

B. Organizational Unit

9. Address (give city, county, State, and zip code)

A. Address: 1260 Huntington Drive, Suite 207
B. City: South Pasadena
C. County: San Diego C
D. State: California
E. Zip Code: 91030

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Stevan Shakespeare
B. Title: Underwriter
C. Phone: (410) 859-5005
D. Fax: (410) 859-5220
E. E-mail: stevan_shakespeare@KeyBank.com

11. Employer Identification Number (EIN) or SSN

12. Type of Applicant (enter appropriate letter in box)

M

13. Type of Application

☒ New ☐ Continuation ☐ Renewal ☐ Revision

If Revision, enter appropriate letters in box(es)

A. Increase Amount B. Decrease Amount C. Increase Duration
D. Decrease Duration E. Other (Specify)

I. University or College
J. Indian Tribe
K. Tribally Designated Housing Entity (TDHE)
L. Individual
M. Profit Organization
N. Non-profit
O. Public Housing Authority
P. Other (Specify)

14. Name of Federal Agency

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

14-129

Title:

Component Title:

16. Descriptive Title of Applicant's Program

A proposed 97 beds located in 85 units to-be-built healthcare and comprises an area of approximately 1.51 acres.

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)

San Marcos, San Diego County, California

18a. Proposed Program start date

18b. Proposed Program end date

19a. Congressional Districts of Applicant

19b. Congressional Districts of Program

20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.

21. Is Application subject to review by State Executive Order 12372 Process?

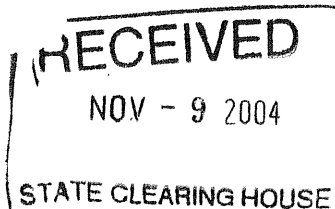
A. Yes ☐ This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____
B. No ☐ Program is not covered by E.O. 12372
☐ Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?



No

☐ Yes If "Yes," explain below or attach an explanation.



**APPLICATION FOR
FEDERAL ASSISTANCE**2. DATE SUBMITTED
11-5-04

Application Identifier

1. TYPE OF SUBMISSION:

Application *Preapplication*
☐ Construction ☐ Construction

☒ Non-Construction ☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICATION INFORMATION

Legal Name
 SUPERIOR CALIFORNIA ECONOMIC
 DEVELOPMENT DISTRICT

Address (give city, county, state, and zip code)

2400 Washington Avenue, Suite 301
 Redding, Shasta County, California 96001

RECEIVED

NOV - 8 2004

STATE CLEARING HOUSE

Organizational Unit

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Administrative Contact Technical Contact
 Robert Nash, Chief Executive Officer
 (530) 225-2760

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

6	8	—	0	3	4	3	0	5	1
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8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in boxes(es) ☐ ☐

A. Increase Award B. Decrease Award C. Increase

D. Decrease Duration Other (specify): _____

7. TYPE OF APPLICANT: (enter appropriate letter in box) ☐ G

A. State H. Independent School Dist.
 B. County I. State Controlled Institution of Higher Learning
 C. Municipal J. Private University
 D. Township K. Indian Tribe
 E. Interstate L. Individual
 F. Intermunicipal M. Profit Organization
 G. Special District N. Other (Specify): _____

9. NAME OF FEDERAL AGENCY:

U.S. Department of Commerce
 Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1	1	■	3	0	3
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TITLE: Economic Development Support for Planning Organizations

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Planning and implementation of a long range economic development program which will focus on job retention/creation and economic diversification to alleviate substantial unemployment within the district.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Modoc, Shasta, Siskiyou and Trinity Counties in California

13. PROPOSED PROJECT:

Start Date
 01-01-05

Ending Date
 12-31-05

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
 Second

b. Project
 First and Second

15. ESTIMATED FUNDING:

a. Federal \$ 60,000

b. Applicant \$ 20,000

c. State \$

d. Local \$

e. Other \$

f. Program Income \$

g. TOTAL \$ 80,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 11-5-04

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative
 Robert Nash

b. Title
 Chief Executive Officer

c. Telephone number
 (530) 225-2760

d. Signature of Authorized Representative

e. Date Signed
 11-26-04

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
 Prescribed by OMB Circular A-102

Authorized for Local Reproduction

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-004

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 	Applicant Identifier
3. DATE RECEIVED BY STATE 		State Application Identifier 	
4. DATE RECEIVED BY FEDERAL AGENCY 		Federal Identifier 	

5. APPLICANT INFORMATION Legal Name: Newell County Water District Address (give city, county, State, and zip code): 405 5th Avenue Tulelake, CA 96134		Organizational Unit: California County Water District Name and telephone number of person to be contacted on matters involving this application (give area code): David B. Hammond, PE 541-776-3327
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6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 2 5 4 1 0 4 8 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin: 0 auto;">G</div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>
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8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around; font-size: small;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>A. Increase Award</div> <div>B. Decrease Award</div> <div>C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>D. Decrease Duration</div> <div>Other (specify): _____</div> </div>	9. NAME OF FEDERAL AGENCY:
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 - 7 6 0 </div> TITLE: Water & Waste Disposal Loan/Grant Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water and Sewer System Improvement
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community of Newell, Modoc County, Calif.	<div style="border: 2px solid black; padding: 10px; text-align: center; font-size: 2em; font-weight: bold; letter-spacing: 5px;"> RECEIVED </div> <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;"> NOV - 2 2004 </div>
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13. PROPOSED PROJECT Start Date: 1/05 Ending Date: 12/06	14. CONGRESSIONAL DISTRICTS OF: California a. Applicant: Fourth District b. Project: Fourth District	<div style="border: 2px solid black; padding: 10px; text-align: center; font-size: 1.5em; font-weight: bold; letter-spacing: 5px;"> STATE CLEARING HOUSE </div>
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15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:10%; text-align: right;">\$</td> <td style="width:10%; text-align: right;">00</td> <td style="width:50%;"></td> </tr> <tr> <td>CDBG</td> <td></td> <td></td> <td style="text-align: right;">1,000,000</td> </tr> <tr> <td>b. Applicant</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">00</td> <td></td> </tr> <tr> <td>c. State</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">00</td> <td></td> </tr> <tr> <td>d. Local</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">00</td> <td></td> </tr> <tr> <td>e. Other</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">00</td> <td></td> </tr> <tr> <td>USDA, RD</td> <td></td> <td></td> <td style="text-align: right;">2,790,121</td> </tr> <tr> <td>f. Program Income</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">00</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">00</td> <td style="text-align: right;">3,790,121 0</td> </tr> </table>	a. Federal	\$	00		CDBG			1,000,000	b. Applicant	\$	00		c. State	\$	00		d. Local	\$	00		e. Other	\$	00		USDA, RD			2,790,121	f. Program Income	\$	00		g. TOTAL	\$	00	3,790,121 0	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	00																																			
CDBG			1,000,000																																		
b. Applicant	\$	00																																			
c. State	\$	00																																			
d. Local	\$	00																																			
e. Other	\$	00																																			
USDA, RD			2,790,121																																		
f. Program Income	\$	00																																			
g. TOTAL	\$	00	3,790,121 0																																		

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
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18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Michael Whitney	b. Title President	c. Telephone Number 530-664-2267
d. Signature of Authorized Representative 		e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 10/28/04	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Yolo Boundary, L.P.		Organizational Unit: a California limited partnership	
Address (give city, county, State, and zip code): 1801 Hanover Drive, Suite A Davis, California 95616		Name and telephone number of person to be contacted on matters involving this application (give area code) N. Jon Berkley (530) 753-5910	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7 2 — 1 5 8 1 6 4 9		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; padding: 2px; float: right;">M</div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing & Urban Development (see attached)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right;">1 4 — 1 3 5</div> TITLE: Mortgage Insurance		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Da Vinci Court Apartments 51 units of multifamily housing Davis, California (see attached location map and form HUD-92013 for further description)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Davis, County of Yolo, State of California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 01/05	Ending Date 09/05	a. Applicant 1 - California	
		b. Project 1 - California	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 10,080,000 .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 10/28/04 DATE _____	
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00		
d. Local	\$ NOV - 1 2004 .00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 10,080,000 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative YOLO BOUNDARY, L.P.		b. Title By: N. Jon Berkley, President DA VINCI COURT DEVELOPERS, INC., G.P.	c. Telephone Number (530) 753-5910
d. Signature of Authorized Representative X		e. Date Signed 10/25/04	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 10/27/04	Applicant Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: SURFWOOD MUTUAL WATER CORPORATION		Organizational Unit: Department:	
Organizational DUNS:		Division: WATER	
Address: Street: 45211 SURFWOOD DRIVE (P.O. BOX 166)		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: MENDOCINO		Prefix:	First Name: JOHN (JACK)
County: MENDOCINO		Middle Name	CHARLES
State: CALIFORNIA		Last Name	ZAHNISER
Zip Code	95460	Suffix:	PROJECT CO-ORDINATOR
Country: U.S.A.		Email: JOHN C. ZAHNISER @ MSN.COM	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6088821		Phone Number (give area code) 707-937-1809	Fax Number (give area code) SAME
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) "0" Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): SURFWOOD ESTATES		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CONSTRUCTION OF A 100,000 GALLON UNDERGROUND RAW WATER STORAGE TANK	
13. PROPOSED PROJECT Start Date: 8/1/2005 Ending Date: 10/1/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1st CONG. DIST. b. Project 1st CONG. DIST.	
15. ESTIMATED FUNDING: a. Federal \$ 125,000.00 b. Applicant \$ 41,000.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 166,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/29/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix		Middle Name BEN	
First Name DONALD		Suffix	
Last Name HILL		c. Telephone Number (give area code) 707-937-0838	
b. Title PRESIDENT OF SURFWOOD MUTUAL WATER CORPORATION		e. Date Signed 10/27/04	
d. Signature of Authorized Representative			